COLLEEN R. JAMISON

JAMISON LAW, LLC

June 4, 2021

Lynn M. Retz, Executive Director Kansas Corporation Commission 1500 SW Arrowhead Rd. Topeka, KS 66604

RE:

2021 CAF/ICC Data Collection and Associated Certifications

Docket No. 21-GIMT-426-GIT

S&T Telephone Cooperative Association, Inc.

Dear Ms. Retz:

Attached for filing please find S&T Telephone Cooperative Association, Inc.'s 2021 CAF/ICC Data Collection and Associated certificates, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2021 CAF/ICC Data Collection pages has been marked as confidential; the company believes that the information is of such competitive sensitivity that its disclosure to any person other than the company, the Commission, and Staff is prohibited by K.S.A. 66-1220a. Additionally, we reserve the right to amend the filing as necessary up to and including June 16, 2021, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

Sincerely,

Colleen R. Jamison

JAMISON LAW, LLC

Att.

cc: Christina Hickert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
Name of Reporting Carrier: S & T TEL. COOP. ASSN.	44
Digitally signed by Christina Hickert DN:cn=Christina Hickert, email=christina.hickert@sttelcom.com, O=s & t tel. coop. assn., =Brewster KS 67732, Date:5/24/2021 Date:	5/24/2021
Printed name of Authorized Officer: Christina Hickert	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 256-694-2256	
Study Area Code of Reporting Carrier 411827 (mm/dd/yyyy) 6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. S.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier	
I certify that (Name of Agent) I certify that (Name of Agent) Is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized Agent is accurate.	
Name of Authorized Agent : National Exchange Carriers Association, Inc.	
Name of Reporting Carrier: S & T TEL. COOP. ASSN.	
Digitally signed by Christina Hickert Christina Hickert Hickert, email=christina hickert@sttelcom.com,O=s & t tel. coop. assn., =Brewster KS 67732, Date:5/24/2021 Signature of Authorized Officer:	5/24/2021
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of authorized officer: 256-694-2256	
Study Area Code of Reporting Carrier 411827 (mm/dd/yyyy) 6/16/2021	
Persons wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 8 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	of Officer for Rate-of-Re and that, to the best of my k d Access Recovery Charge §	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery orling carrier and that, to the best of my knowledge, the reporting carrier on this form certif §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC st	: Recovery s form certifies that it s CAF ICC support		
Name of Reporting Carrier: S & T TEL.	S & T TEL. COOP. ASSN.				
Signature of Authorized Officer or employee:	Christina Hickert	Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel. coop. assn.,I=Brewster KS 67732, Date:5/24/2021	кеrf DN:cn=Christina sttelcom.com,0=s & t tel. 2, Date:5/24/2021	Date: 5/	5/24/2021
Printed name of Authorized Officer or employee:	Christina Hickert	ickert			
Title or position of Authorized Officer or employee:	e: CFO				
Telephone number of Authorized Officer or employee:	оуее: 256-694-2256	2256			
Study Area Code of Reporting Carrier	411827	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ints on this form can be punir r fine or imprisonment unde	statements on this form can be punished by fine or forfeiture under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ommunications Act of 1934, 3 U.S.C. § 1001.	47 U.S.C.	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	on of Officer for R er and that, to the Recovery subject	kate-of-Retu best of my ki to the recovi	Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery porting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplany Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	re Recovery seeking duplicative		
Name of Reporting Carrier: S & T TE	& T TEL. COOP. ASSN.	z z				
Signature of Authorized Officer or employee:	Christina Hickert	Hickert	Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel. coop. assn.,I=Brewster KS 67732, Date:5/24/2021	kert DN:cn=Christina jsttelcom.com,O=s & t tel.)2, Date:5/24/2021	Date:	5/24/2021
Printed name of Authorized Officer or employee:		Christina Hickert	ickert			
Title or position of Authorized Officer or employee:	уее:	CFO				
Telephone number of Authorized Officer or employee:	nployee:	256-694-2256	2256			
Study Area Code of Reporting Carrier	411827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021		
Persons willfully making false stater §§ 502, 503(b)	ments on this form), or fine or impriso	can be puni nment unde	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ommunications Act of 1934, 8 U.S.C. § 1001.	, 47 U.S.C.	